



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
AMENDMENT



FILED
Date Received
APR 17 2012

JULIE L. RODEWALD COUNTY CLERK
dmgf/angel
REPUTY CLERK

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NAME OF FILER (LAST) (FIRST)
HILL ADAM

1. Office, Agency, or Court

Agency Name

County of San Luis Obispo, Supervisor

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

COUNTY SUPERVISOR

> If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of San Luis Obispo

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left _____
(Check one)

-or-

The period covered is _____ through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed _____

☐ The period covered is _____ through the date of leaving office.

☒ Candidate: Election Year 2012

Office sought, if different than Part 1: Supervisor, District 3

4. Schedule Summary

Check applicable schedules or "None."

> Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule.

I certify under penalty of perjury under the laws of the State of California that the information and any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed April 17, 2012

(month, day, year)

Signature

GP

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED

MAR 8 2012

JULIE L. RODEWALD COUNTY CLERK

Please type or print in ink.

12 MAR 14 AM 11:35

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HILL ADAM C

1. Office, Agency, or Court

Agency Name
County of San Luis Obispo, Supervisor
Division, Board, Department, District, if applicable
Board of Supervisors

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of San Luis Obispo
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2011, through December 31, 2011.
-or-
The period covered is / / , through December 31, 2011.
☐ Assuming Office: Date assumed / /
☐ Leaving Office: Date Left / /
(Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☒ Candidate: Election Year 2012 Office sought, if different than Part 1: Supervisor, District 3

4. Schedule Summary

Check applicable schedules or "None."
Schedule A-1 - Investments - schedule attached
Schedule A-2 - Investments - schedule attached
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule D - Income - Gifts - schedule attached
Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
☐ None - No reportable interests on any schedule

► Total number of pages including this cover page:

5. Verification

(c)(1)

herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/8/12
(month, day, year)

Signature (c)(1)

SCHEDULE D Income – Gifts

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Adam Hill</u> |
|---|

► NAME OF SOURCE
SEA FARE 2011

ADDRESS (Business Address Acceptable)
PO Box 460; Avila Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) Avila Beach Marine Institute

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|--------------------------------|
| <u>10/21/11</u> | <u>\$ 150.00</u> | <u>2 tickets to Fundraiser</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE
Pacific Gas AND Electric Co

ADDRESS (Business Address Acceptable)
1415 L St., Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utility Co. -

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>10/4/11</u> | <u>\$ 65.66</u> | <u>dinner</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE
Family Care Network

ADDRESS (Business Address Acceptable)
3765 S. Higuera, Suite 100, San Luis Obispo

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Taste of Central Coast

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>9/18/11</u> | <u>\$ 150.00</u> | <u>two tickets</u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

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| <u> / / </u> | <u>\$</u> | <u> </u> |

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| <u> / / </u> | <u>\$</u> | <u> </u> |
| <u> / / </u> | <u>\$</u> | <u> </u> |

Comments: _____